

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000057931**

1. Entity Name

SKADOODLES, INC.**FILED****Apr 24, 2000 8:00 am**
Secretary of State

04-24-2000 90009 012 ***150.00

Principal Place of Business

Mailing Address

516 EAST ATLANTIC AVE
DELRAY BEACH FL 33483**516 EAST ATLANTIC AVE**
DELRAY BEACH FL 33483-5324

2. Principal Place of Business

3. Mailing Address

516 East Atlantic Ave**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0683562

Applied For

Not Applicable

Zip
33483

Country

USA

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROLL, KIMBERLY
516 EAST ATLANTIC AVE
DELRAY BEACH FL 33483

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

516 East Atlantic Ave

City

Delray Bch

FL

Zip Code

33483

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Kimberly Carroll-Zlatanoff

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D			<input type="checkbox"/> Delete		Kimberly Carroll-Zlatanoff			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	CARROLL, KIMBERLY L	521 N SWINTON AVE	DELRAY BEACH FL			SAME				
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly Carroll-Zlatanoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-00

Date

561-272-0828

Daytime Phone #